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To: Examiner Dana Farahani

From: Leslie S. Szivos

Group Art Unit: 2814

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Pages: 12 Including cover page

Phone:

Date: 12/16/2002

Re: U.S. Patent Appln. No. 09/773,798

IBM Ref: BUR920000143US1

SSMP Docket: 13890

For: PASSIVATION FOR IMPROVED

BIPOLAR YIELD

For Review

• Comments:

1. Amendment Transmittal Letter (in duplicate)
2. Response Under 37 C.F.R. § 1.116
3. Certificate of Transmission by Facsimile dated December 16, 2002

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)Applicant(s). **Douglas D. Coolbaugh, et al.**

Docket No.

BUR920000143US1 (13890)

Serial No.

09/773,798

Filing Date

February 1, 2001

Examiner

Dana Farahani

Group Art Unit

2814Invention: **PASSIVATION FOR IMPROVED BIPOLAR YIELD**I hereby certify that this **Amendment Transmittal in duplicate and Response Under 37 CFR 1.116**
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. **703-872-9319**)on **December 16, 2002**

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Susan E. Dickerson

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Susan E. Dickerson
(Signature)

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P:8/REV01

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Douglas D. Coolbaugh, et al.**

Docket No.

BUR920000143US1 (13890)

Serial No.

09/773,798

Filing Date

February 1, 2001

Examiner

Dana Farahani

Group Art Unit

2814Invention: **PASSIVATION FOR IMPROVED BIPOLAR YIELD****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

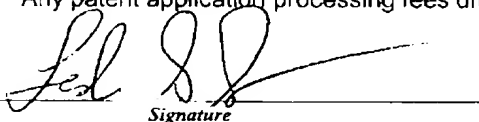
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **09-0456/IBM**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.


SignatureDated: **December 16, 2002****Leslise S. Szivos**
Registration No. 39,394**Scully, Scott, Murphy & Presser**
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CC:

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

P111 LARGE REV06